

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11-30-2006



This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U - 70874

2 Fiscal Year Covered From

01 / 01 / 2004 Through 12 / 31 / 2004

3 Name and address of person filing

Name ROBERT L SOMMERS

P O Box, Bldg, Room No., if any

Street 750 OLD LEECHBURG RD

City PLUM

State PA ZIP Code + 4 15239 1451

4 Name, file number, and address of labor organization

Name GREATER PA REGIONAL COUNCIL OF CARPENTERS

Labor Organization File Number 035030

P O Box, Building and Room Number, if any

Street 495 MANSFIELD AVE

City PITTSBURGH

State PA ZIP Code + 4 15205 4376

5 Position in labor organization

COUNCIL REPRESENTATIVE

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions).

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent

6 Name and address of Employer (including trade name, if any)

Name

Trade Name, if any

P O Box, Bldg, Room No., if any

Street

City

State ZIP Code + 4

7 a Nature of Interest, Transaction, or Income

7 b Amount

Signature

15 Signature and verification The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions)

Signed

Robert L. Sommers

On

8/13/05

Date

412 798 8331

Telephone Number

Name of Person Filing

File Number U-

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name DEBORA L SOMMERSTrade Name, if any DEB'S-THREADS EMBROIDERY

P O Box, Bldg., Room No., if any

Street 750 OLD LEECHBURG RDCity PLUMState PA ZIP Code + 4 15239 1451

9 Business deals with

- CARPENTER
LOCALS☒ a Labor Organization

84, 230, 333

☐ b Trust

1419, 2274

☐ c Employer

- GREATER PA REGIONAL

COUNCIL OF CARPENTERS

- CARPENTER TRAINING CENTER

10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name, if any

P O Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11 a Nature of such dealing

EMBROIDERY WORK ON SHIRTS

11 b Approximate dollar value of such dealing

15,370.00

12 a Nature of interest held or income received

12 b Amount

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name

Trade Name, if any

P O Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14 a Nature of payment

13 b Is the Business an Employer ☐or Consultant ☐

14 b Amount of payment